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CONFIRMATION NO. 7906

SERIAL NUMBER 10/809,975	FILING OR 371(c) DATE 03/26/2004 RULE	CLASS 514	GROUP ART UNIT 1617	ATTORNEY DOCKET NO. ACADIA.035A
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/459,045 03/28/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 07/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after allowance		
Verified and Acknowledged	Examiner's Signature <u>Lee P. Scher</u> Initials <u>SPW</u>		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
CA	2	13	3

ADDRESS

20995

TITLE

Muscarinic M1 receptor agonists for pain management

FILING FEE RECEIVED 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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